Recertification Report - CARF Accredited Organization

Provider Name		Provider Number	Begin Cert Date	End Cert Date	
ABILITIES UNLIMITED		1346389822	1/30/2009	1/30/2010	
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	2 of 2 staff files were reviewed. The files contained copies of background screening, current first-aid/CPR, and had documentation of required training that meet applicable standards; however, the files did not contain a current job description (CARF 1.1.5.a).	No	2/14/2009
	Emergency Drills (CARF 1.E.)	In-compliance	Documentation from 3 locations was reviewed. The documentation included concerns identified and follow-up when appropriate.	No	
	Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	2 of 2 vehicles observed contained emergency procedures during transportation.	No	
	Internal Inspections (CARF 1.E.)	In-compliance	3 of 3 locations reviewed had documentation of internal inspections which included concerns identified when appropriate and appropriate follow-up to concerns noted in the inspection.	No	
	External Inspections (CARF 1.E.)	In-compliance	3 of 3 locations reviewed had documentation of external inspection which included concerns identified and appropriate follow-up.	No	
	Progress made on prior DDD Survey recommendations	In-compliance	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
	Progress made on prior CARF Survey recommendations	In-compliance	The Division reviewed this area at the previous site review.	No	

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	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	1 of 3 staff interviewed (33%) were able to articulate functional knowledge of the Division's notification of incident reporting process.	Yes	2/4/2009
	Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-compliance	The provider's incident reporting policy was reviewed and contained all categories of reportable incidences, timeframe, and reportable agencies.	No	
	Complaint and Grievance (CARF 1.D.)	Recommendation (Focused)	Upon review of the complaint and grievance policy, the procedure does not include a system for reporting to outside agencies (e.g., DD), the availability of advocates as needed, and written notification regarding the actions to be taken to address the complaint.	No	2/14/2009
	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	Recommendation (Systemic)	1 of 3 staff interviewed (33%) were able to articulate functional knowledge of participant specific rights and restrictions.	Yes	2/4/2009
	Restraint standards (Chapter 45, Section28)	In-compliance	The provider has a policy that states they do not use restraints which mets applicable standards.	No	
	Transportation Requirements (CARF 1.E.9)	In-compliance	2 vehicles were inspected and met the required standards.	No	
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-compliance	3 of 3 files were reviewed and the IPC is being implemented appropriately including approved schedules and goals.	No	
	Releases of Information (CARF 2.B.)	In-compliance	3 of 3 files reviewed had releases of information that were appropriate, time limited, specific to the information being released, and to whom the information was being released.	No	

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	Emergency Information (CARF 2.B.)	In-compliance	3 of 3 files were reviewed and all emergency information was current, had the appropriate information present, and was available in case of an emergency.	No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	3 of 3 files were reviewed and the provider had documentation of objective and goal tracking which met applicable standards.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	In-compliance	The documentation of 3 files were reviewed and met applicable standards.	No	
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Recommendation (Focused)	The case manager indiciated in participant 1's monthly/quarterly documentation that the participant was having health issues that were not reflected in incident reports written by providers on the plan of care. In addition, the participants health concerns were also not reflected in the corresponding quarterly documentation.	Yes	2/4/2009
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Focused)	Participant 1's file did not contain team meeting notes for six month, annual, and transition meetings that were completed in the last year. In addition, there was not a transition held when the participant moved and transitioned into residential and day habilitation services.	No	2/14/2009
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	3 files were reviewed and contained documentation of the development and tracking of objectives. The provider is encouarged to continue to work with the team and other Division staff in developing measurable objectives.	No	
	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	3 files were reviewed and contained documentation of monitoring the implementation of the IPC which met applicable standards.	No	

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Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	A walk-thru of 1 location was completed with the following concerns: A baby monitor was located in the bathroom and not reflected in participant 3's rights and restrictions.	Yes	2/4/2009
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	1 residential site was observed and the organization showed evidence of meeting CARF standards on community housing, except where otherwise noted in this report.	No	
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	Suggestion	The provider is encourage to explore other options to ensure Participant's 2 privacy in the residential setting, which could include the addition of a cubical/temporary wall or other forms of drapery.	No	
	The organization meets the standards in Chapter 45, section 23)	In-compliance	The organization provided evidence for meeting the standards in chapter 45, section 23, except where otherwise noted in this report.	No	
	Other rule or standard, Chapter 45, section 23	Suggestion	The provider is reminded if they are planning on opening a new residential site, the Division requires a 30 day written notice and appropriate inspections to be completed prior to services being provided in the new location.	No	
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	The organization provided opportunities to participants to access the community through going shopping, medical appointments, movies, and going out to eat. The participants interviewed expressed satisfaction with the level of community integration provided.	No	

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	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	2 sites were observed and the following concerns were found: In both Day Habs non-viable first-aid contents were found in all first-aid kits.	Yes	2/4/2009
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-compliance	Through observation, interview, and review of provider documentation, the provider showed evidence of meeting the applicable standards of the service provided.	No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	Not Reviewed	Even though the organization provides other services, they were not able to be observed during the survey.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Respite documentation was reviewed on one participant which was documented and billed appropriately.	No	

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